

Kansas Department of Revenue
Driver Services Refund Request

<i>Name</i>	<i>Date of Birth</i>	<i>License or ID #</i>	<i>Social Security #</i>

<i>Today's Date</i>	<i>Date of Transaction</i>	<i>Refund Amount</i>

<i>Mailing Address (Checks will be mailed here)</i>

<input type="checkbox"/> Overpayment <input type="checkbox"/> Payment was not needed <input type="checkbox"/> Other- please explain below

Reason for Refund Request

Please check this box if you paid using a card that is no longer valid, current, or accessible.
Your refund will be processed as a check.

FEIN # *Required for attorneys requesting the refund.*

Please submit a copy of your receipt and this form to Driver Services
Email: KDOR_DC@KS.GOV
Mail: Driver Services
PO BOX 2021
Topeka, KS 66601-2021

Agency Use Only

<i>Date Approved</i>	<i>Amount Approved</i>	<i>Approving Authority</i>